

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE (CDI)

CLASS PLAN APPLICATION

Your file #: \_\_\_\_\_  
(15 characters maximum)

\_\_\_ Original \_\_\_ Copy 1 \_\_\_ Copy 2

Does this file contain group data?

\_\_\_ Yes \_\_\_ No

**Note: A separate CA-CP1 page must be submitted for each company within a Group filing.**

Latest applicable CDI File No. for this Program: \_\_\_\_\_

Department Use Only

FILING NO.: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

COMPLIANCE DATE: \_\_\_\_\_

DATE PUBLIC NOTIFIED: \_\_\_\_\_

DEEMER DATE: \_\_\_\_\_

INTAKE ANALYST: \_\_\_\_\_

BUREAU CODE & SR.: \_\_\_\_\_

GROUP X-REF: \_\_\_\_\_

RATE CHG X-REF: \_\_\_\_\_

REMARKS: \_\_\_\_\_

Company Name \_\_\_\_\_ Group Name \_\_\_\_\_

NAIC Company Code \_\_\_\_\_ NAIC Group Code \_\_\_\_\_

Organized Under the Laws of the State of \_\_\_\_\_

Check Applicable Line(s) of Insurance as shown on the Annual Statement:

\_\_\_ PP Auto Liability

\_\_\_ PP Auto Physical Damage

Program Name \_\_\_\_\_

Home Office \_\_\_\_\_

Main Administrative Office in California \_\_\_\_\_

Name and Title of Contact Person \_\_\_\_\_

Toll Free Phone No.: (\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_

If not available, collect calls will be made.

Internet Address (if available): \_\_\_\_\_

Mailing Address \_\_\_\_\_

I declare under penalty of perjury, under the laws of the State of California, that the information filed is true, complete, and correct.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date of Filing

\_\_\_\_\_  
Telephone Number

CLASS PLAN SUBMISSION DATA SHEET

*This application can be used to accompany each filing or modification. Use of this application form is not required.*

List Type of Vehicles in Program: \_\_\_\_\_  
(I.e. PP auto, motorcycles, \_\_\_\_\_  
motor home, antique auto, etc.) \_\_\_\_\_

Indicate the purpose of this filing:

	<u>Complete Pages</u>	<u>Complete Exhibits</u>
_____ New Program	CA-CP1 to CP6	1, 4-6, 9-14
_____ Revision to Existing Class Plan	CA-CP1 to CP6	1,2, 4-14
_____ Revenue Neutral Plan		
_____ Corresponding Rate Change Filing has been Submitted With this Filing		
_____ Introducing or Revising Symbols		Complete Exhibit 8
_____ Adopting Another Company's Sequential Analysis & Relativities		Complete Exhibit 3
Name Company: _____		
CDI Approved Class Plan Number: _____		
_____ Group Filing for Sequential Analysis		

FILING CHECKLIST

Use this checklist to assemble all documents to constitute a proper filing

_____	CA-CP1:	Company Information
_____	CA-CP2:	Class Plan Submission Data Sheet
_____	CA-CP3:	Filing Checklist
_____	CA-CP4:	Rating Factors Checklist (Liability and Medical Payment)
_____	CA-CP5:	Rating Factors Checklist (Uninsured Motorist)
_____	CA-CP6:	Rating Factors Checklist (Physical Damage)

SUPPORTING EXHIBITS

_____	Exhibit 1:	Explanatory Memorandum
_____	Exhibit 2:	Filing History
_____	Exhibit 3:	Data Availability
_____	Exhibit 4:	Sequential Analysis
_____	Exhibit 5:	Relativities for Each Rating Factor
_____	Exhibit 6:	Factor Weights
_____	Exhibit 7:	Revenue Neutral
_____	Exhibit 8:	Symbols and Vehicle Series
_____	Exhibit 9:	Market Dislocation
_____	Exhibit 10:	Development of Rate Manual
_____	Exhibit 11:	Rating Logic
_____	Exhibit 12:	Good Driver Discount Guidelines
_____	Exhibit 13:	Underwriting Guidelines
_____	Exhibit 14:	Rate Manual

FILING CHECKLIST

For each line (Liability and Physical Damage), check the rating factors that are being proposed for this program.

	<u>Liability</u>		MedPay
	B/I	P/D	
INSURED'S DRIVING SAFETY RECORD	_____	_____	_____
NUMBER OF MILES DRIVEN ANNUALLY BY THE INSURED	_____	_____	_____
INSURED'S NUMBER OF YEARS OF DRIVING EXPERIENCE	_____	_____	_____
Type of Vehicle	_____	_____	_____
Vehicle Performance Capabilities	_____	_____	_____
Type of Use of Vehicle	_____	_____	_____
Percentage Use of Vehicle by Rated Driver	_____	_____	_____
Multi-Car Households	_____	_____	_____
Academic Standing	_____	_____	_____
Completion of Driver Training or Defensive Driving Courses	_____	_____	_____
Vehicle Characteristics	_____	_____	_____
Gender	_____	_____	_____
Marital Status of the Rated Driver	_____	_____	_____
Persistency	_____	_____	_____
Non-Smoker	_____	_____	_____
Secondary Driver Characteristics	_____	_____	_____
Multi-Policy	_____	_____	_____
Relative Claims Frequency	_____	_____	_____
Relative Claims Severity	_____	_____	_____

RATING FACTORS CHECKLIST (CON'T.)

	<u>Liability</u>	
	Uninsured Motorist Bodily Injury	Uninsured Motorist Property Damage
INSURED'S DRIVING SAFETY RECORD	_____	_____
NUMBER OF MILES DRIVEN ANNUALLY BY THE INSURED	_____	_____
INSURED'S NUMBER OF YEARS OF DRIVING EXPERIENCE	_____	_____
Type of Vehicle	_____	_____
Vehicle Performance Capabilities	_____	_____
Type of Use of Vehicle	_____	_____
Percentage Use of Vehicle by Rated Driver	_____	_____
Multi-Car Households	_____	_____
Academic Standing	_____	_____
Completion of Driver Training or Defensive Driving Courses	_____	_____
Vehicle Characteristics	_____	_____
Gender	_____	_____
Marital Status of the Rated Driver	_____	_____
Persistency	_____	_____
Non-Smoker	_____	_____
Secondary Driver Characteristics	_____	_____
Multi-Policy	_____	_____
Relative Claims Frequency	_____	_____
Relative Claims Severity	_____	_____

RATING FACTORS CHECKLIST (CON'T.)

	<u>Physical Damage</u>	
	Comprehensive	Collision
INSURED'S DRIVING SAFETY RECORD	_____	_____
NUMBER OF MILES DRIVEN ANNUALLY BY THE INSURED	_____	_____
INSURED'S NUMBER OF YEARS OF DRIVING EXPERIENCE	_____	_____
Type of Vehicle	_____	_____
Vehicle Performance Capabilities	_____	_____
Type of Use of Vehicle	_____	_____
Percentage Use of Vehicle by Rated Driver	_____	_____
Multi-Car Households	_____	_____
Academic Standing	_____	_____
Completion of Driver Training or Defensive Driving Courses	_____	_____
Vehicle Characteristics	_____	_____
Gender	_____	_____
Marital Status of the Rated Driver	_____	_____
Persistency	_____	_____
Non-Smoker	_____	_____
Secondary Driver Characteristics	_____	_____
Multi-Policy	_____	_____
Relative Claims Frequency	_____	_____
Relative Claims Severity	_____	_____